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Bib Data Sheet

CONFIRMATION NO. 3322

SERIAL NUMBER 09/808,387	FILING OR 371(c) DATE 03/14/2001 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. CEMRES.001 A
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
 ** 04/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

32940

TITLE

MAMMALIAN NEURALIZED FAMILY TRANSCRIPTIONAL REGULATORS AND USES THEREFOR

FILING FEE RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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